Level of Care for ND Providers

Feb 2024

Agenda

1. Review the purpose and goal of Level of Care
2. Level of Care areas of concern
3. Review upcoming process changes and troubleshooting tips.

maximus

Level of Care

Most appropriate, least restrictive setting to meet person's needs

NF or specific waiver programs

Medicaid OR Level II condition

The Purpose of Level of Care (LOC)

Medical necessity for programs:

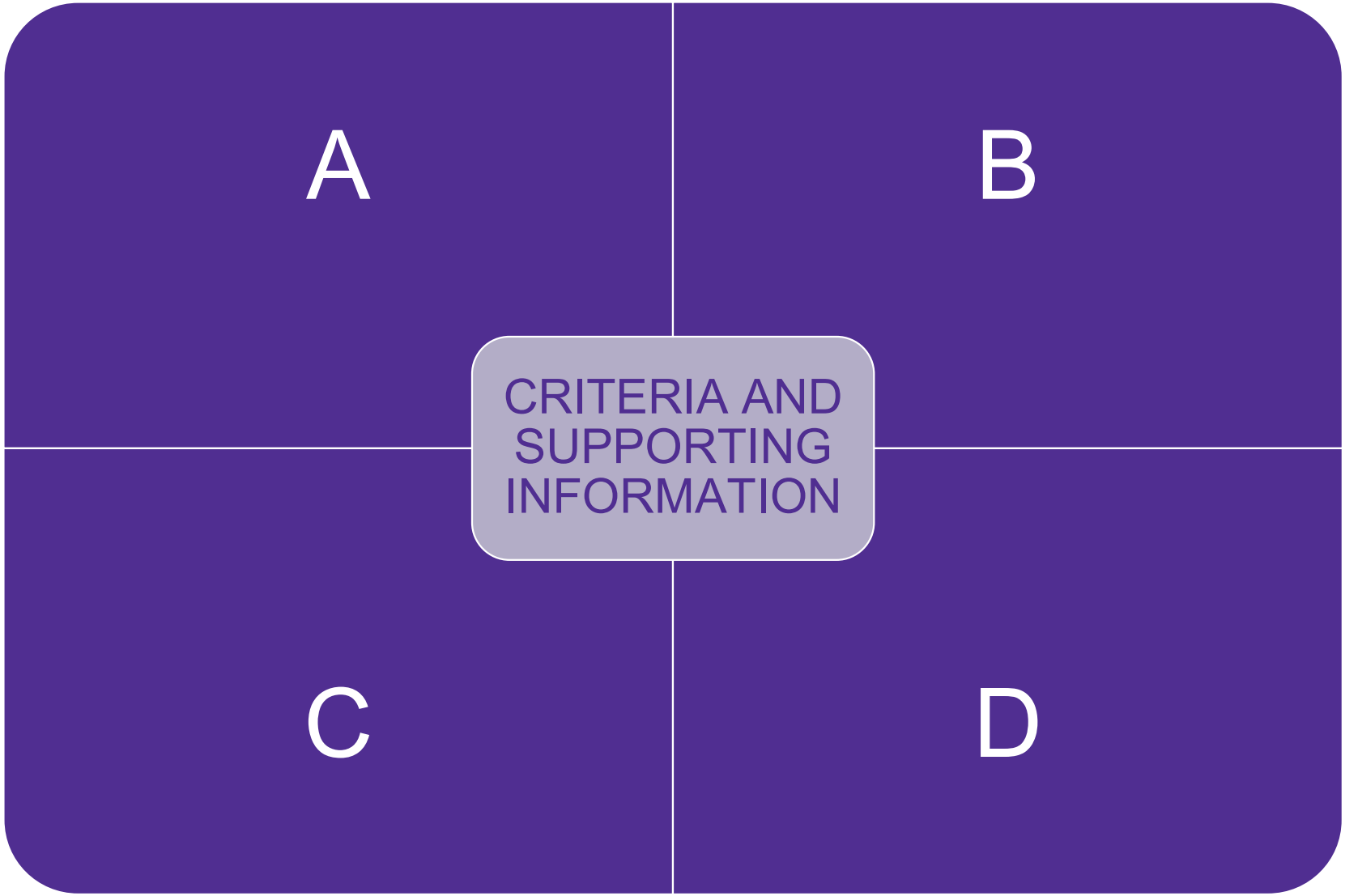
- Nursing Facility/Swing Bed
- Personal Care
- Home and Community Based Services
- Children with Medically Fragile Needs
- PACE
- Money Follows the Person

State regulations

Specific criteria

maximus

A0



maximus

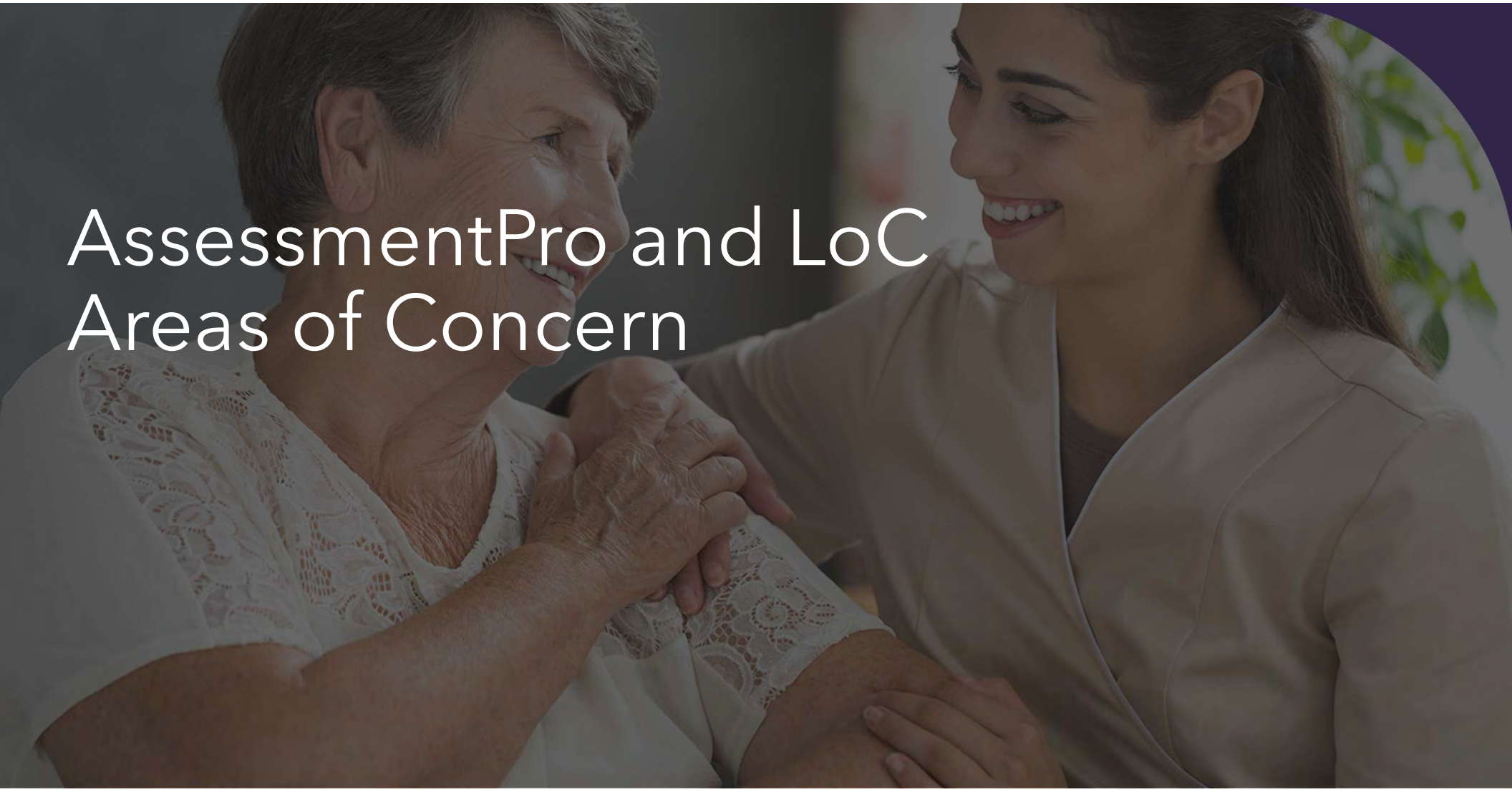
Slide 5

A0 Taking my cue from the L1 deck, I didn't think you wanted to go into the different sections of the LOC. I added them in fully expecting to delete them. Without these slides, the LOC deck is about 8 slides. Is there something else you want to include?
Author, 2024-01-24T16:02:32.041

A0 0 If you do want them, I will fix the formatting but there are a lto of them to spend time on if they are going to be deleted anyway.
Author, 2024-01-24T16:06:50.628

A0 1 Hi Stephanie, you can remove slides 6- 27.
Author, 2024-01-24T16:22:00.187

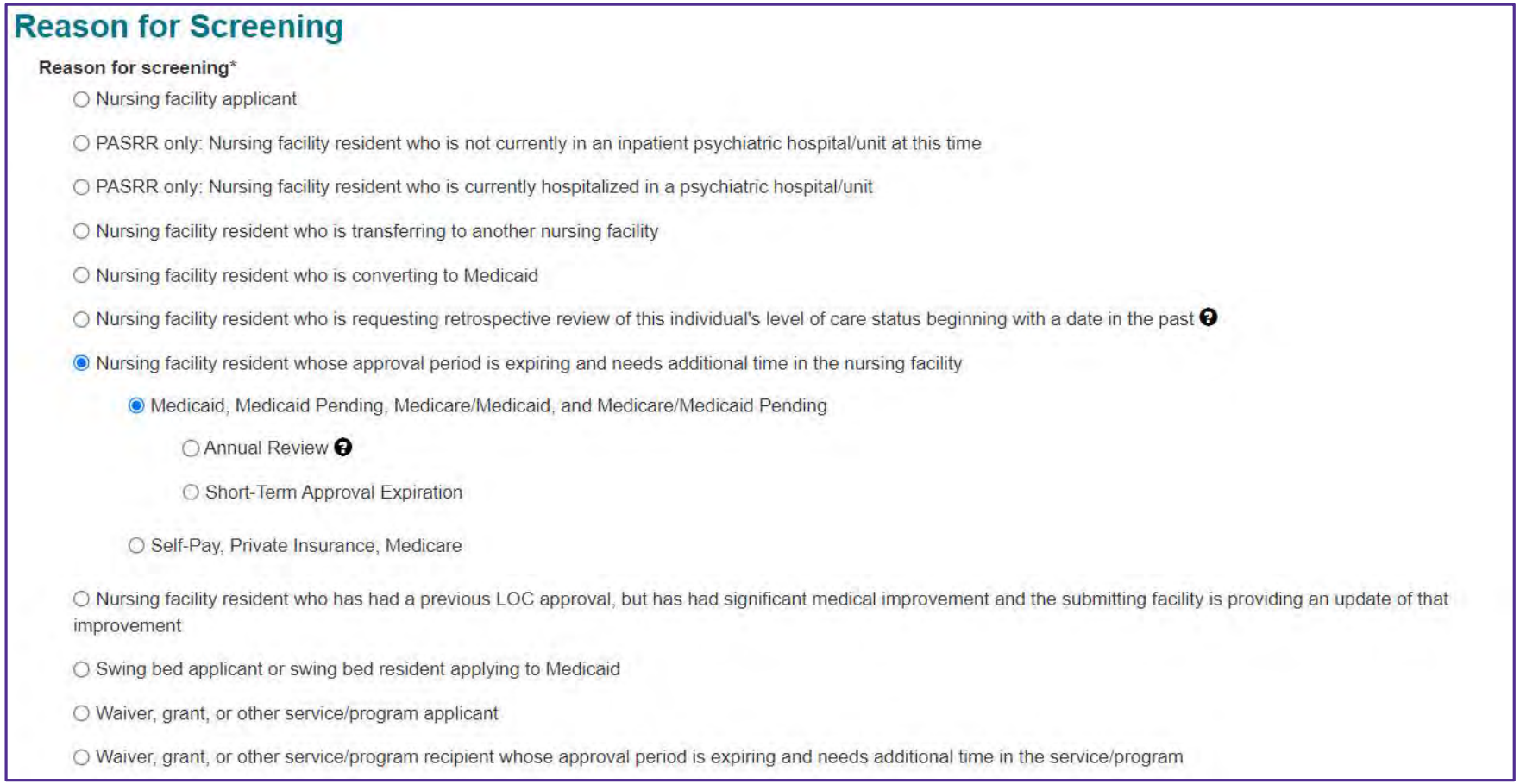
A0 2 Could we also add a slide or two about documentation upload instructions with screenshots?
Author, 2024-01-24T16:23:19.048



AssessmentPro and LoC Areas of Concern

maximus

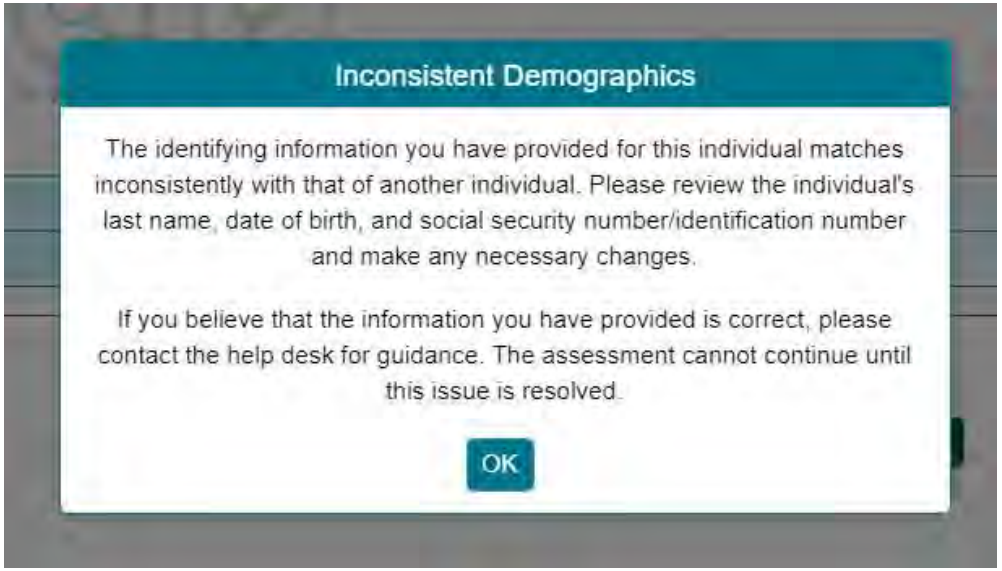
Reason for Screening



maximus

Common Demographics Issues

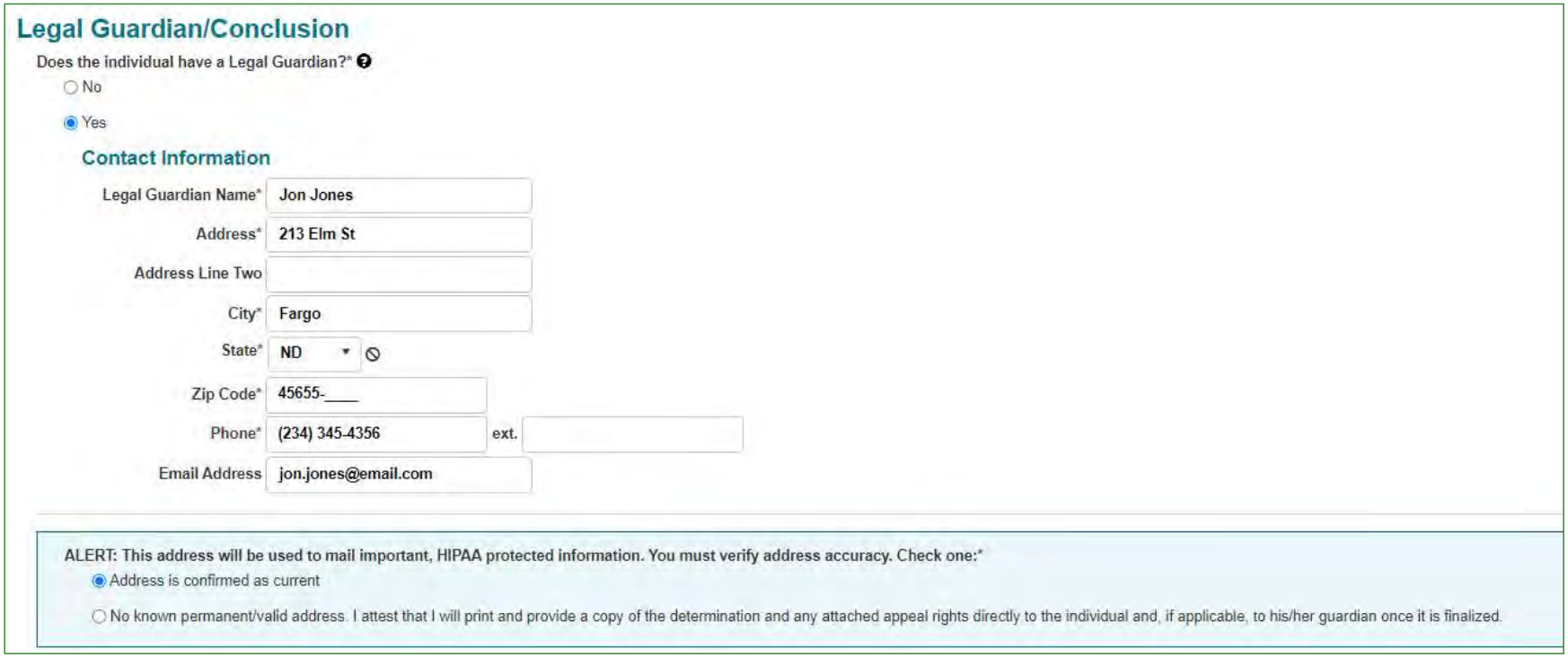
- Avoid nicknames or shortened name
- Double check spelling



- Verify name spelling, DOB, SSN
- Click OK to double check everything you have and fix any errors
- Reach out to Maximus for support

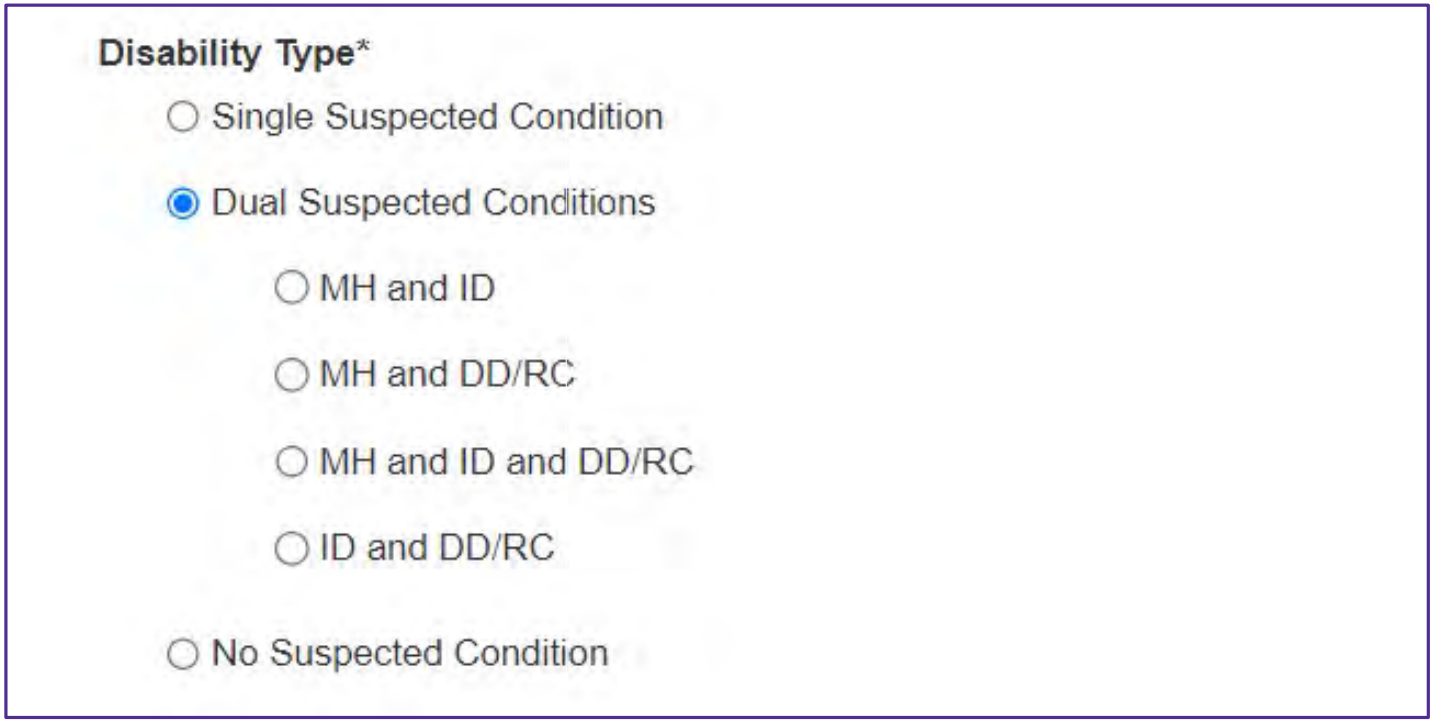
maximus

Legal Guardian



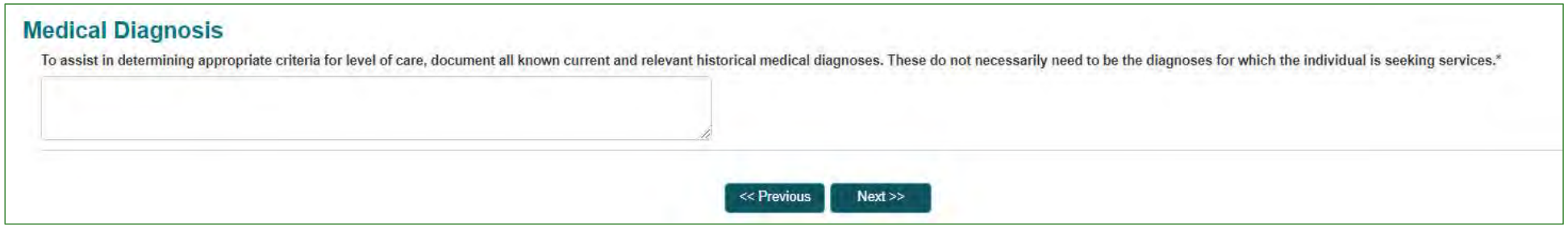
maximus

Disability Type



maximus

Medical Diagnoses



maximus

The individual requires constant help at least 60% of the time with at least two (2) of the following Activities of Daily Living (ADLs).

- Toileting: use of toileting equipment, cleansing, adjustment of clothing
- Eating: physical assistance with feeding or constant cues/prompting
  - Does not include set-up or meal preparation, such as cutting up food
- Transferring: movement from surface to surface, such as bed to chair or chair to wheelchair
- Locomotion: movement from place to place, such as room to room

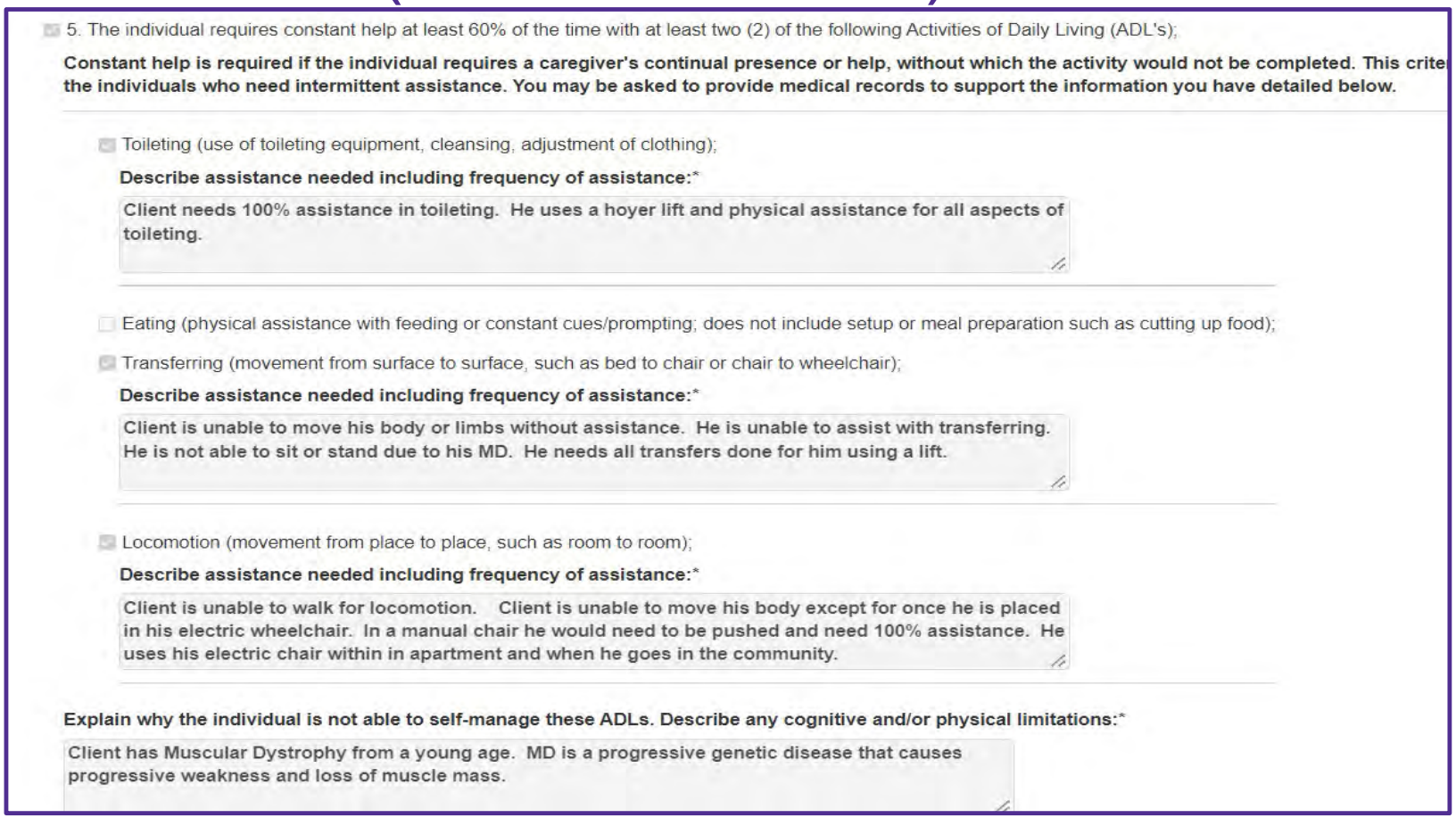
A.5

Constant help is required if the individual requires a caregiver's continual presence or help, without which the activity would not be completed. This criterion does not apply to individuals who need intermittent assistance.

maximus

A0

Section A #5 (& Section B #6)



5. The individual requires constant help at least 60% of the time with at least two (2) of the following Activities of Daily Living (ADL's);

Constant help is required if the individual requires a caregiver's continual presence or help, without which the activity would not be completed. This crite the individuals who need intermittent assistance. You may be asked to provide medical records to support the information you have detailed below.

Toileting (use of toileting equipment, cleansing, adjustment of clothing);

Describe assistance needed including frequency of assistance:*

Client needs 100% assistance in toileting. He uses a hoyer lift and physical assistance for all aspects of toileting.

Eating (physical assistance with feeding or constant cues/prompting; does not include setup or meal preparation such as cutting up food);

Transferring (movement from surface to surface, such as bed to chair or chair to wheelchair);

Describe assistance needed including frequency of assistance:*

Client is unable to move his body or limbs without assistance. He is unable to assist with transferring. He is not able to sit or stand due to his MD. He needs all transfers done for him using a lift.

Locomotion (movement from place to place, such as room to room);

Describe assistance needed including frequency of assistance:*

Client is unable to walk for locomotion. Client is unable to move his body except for once he is placed in his electric wheelchair. In a manual chair he would need to be pushed and need 100% assistance. He uses his electric chair within in apartment and when he goes in the community.

Explain why the individual is not able to self-manage these ADLs. Describe any cognitive and/or physical limitations:*

Client has Muscular Dystrophy from a young age. MD is a progressive genetic disease that causes progressive weakness and loss of muscle mass.

maximus

Slide 13

A0 Slides 33-38 are issues presented in a former session. Not sure if they are still relevant or if you want them included. I will clean up or delete on your guidance.

Author, 2024-01-24T16:09:16.664

B.2

The individual has one or more unstable medical conditions requiring specific and individual services on a regular and continuing basis that can only be provided by or under the direction of a registered nurse.

Identify and describe:

- Unstable medical conditions
- Recent changes in presentation
- Services needed and who will provide them
- The reason for support

maximus

Section B #2

2. The individual has one or more unstable medical conditions requiring specific and individual services on a regular and continuing basis that can only be provided by or under the direction of a registered nurse (or, in the case of a facility which has secured a waiver of the requirements of 42 CFR 483.30 (b), a licensed practical nurse).

This criterion requires the presence of instability along with the nursing needs that relate to that medical condition. It must focus on monitoring fluctuations in vitals, lab values and/or other indicators that the medical condition is unstable, and the individual must be incapable of self-monitoring (for example, the individual cannot arrange for or monitor service needs). You may be asked to provide history and physical, nursing notes, and any other documentation that supports the individual's needs. Identify the individual's unstable medical condition(s):

Identify the individual's unstable medical condition(s):*

Resident is requiring the need for monitoring daily of changes in mental status including confusion, personality changes, speech problems, dizziness, difficulty walking and headaches. Resident also had seizure activity with the subdural hematoma so this continues to be a risk. These all will be monitored by a Licensed Practical Nurse or Registered Nurse.

Describe any recent fluctuations in the individual's medical presentation. This may include changes in lab values, vitals, or levels. It may also include increases in frequency of doctor visits.*

Resident was hospitalized after a fall resulting in a subdural hematoma requiring a bur hole evacuation of the clot. Shortly after returning home he had a second subdural hematoma requiring drainage. He continues to be at risk for recurrent bleeding. Resident also had seizure activity with the subdural hematoma so this continues to be a risk. He is also Diabetic and adjustments are being made to his insulin to stabilize blood sugars.

Describe the services needed related to unstable medical condition(s). Include frequency and who will be providing those services:*

Resident is requiring the need for monitoring 24 hour supervision daily for changes in mental status including confusion, personality changes, speech problems, dizziness, difficulty walking and headaches. Resident also had seizure activity with the subdural hematoma so this continues to be a risk. These all will be monitored by a Licensed Practical Nurse or Registered Nurse. He is also

Explain why the individual is not able to self-monitor the condition(s). Describe any cognitive and/or physical limitations:*

Resident is unable to return to prior living condition as he does not have 24 hours supervision. He has a history of falls which has resulted in two subdural hematomas and seizures. His family are not available during the day to monitor for changes that may occur with subdural hematomas or

maximus

B.3

The individual is determined to have restorative potential and can benefit from restorative nursing or therapy treatments provided at least five (5) days per week.

- Services must add to at least 5 days per week
- Must be delivered by a therapist, or aides/assistants under direction of therapist
- Identify and describe:
  - Restorative services
  - Frequency
  - Provider
  - Goals & Progress
  - Expected duration

maximus

Section B #3

3. The individual is determined to have restorative potential and can benefit from restorative nursing or therapy treatments. (e.g. gait training, bowel and bladder training) which are provided at least five (5) days per week.

Restorative services must add up to at least 5 days per week. The therapies must be delivered by a therapist or by restorative aides or assistants under the direction of the therapist. You must provide therapy orders and notes, if available. Maintenance and prevention of deterioration are not included under this criterion.

Identify restorative services, frequency, and who will provide them:*

Physical therapy 5 days per week by skilled physical therapist, Occupational therapy 5 days per week by skilled occupational therapist, Speech therapy 3 days per week by skilled speech therapist.

Describe the individual's goals and progress toward those goals:*

PT: Goal is to improve balance, decrease impulsivity, improve LE strength and ambulate independently to be able to discharge back into the community with services as needed. Working on gait training, neuro re-ed, orthotic fit/training, therapeutic activities, therapeutic exercises.

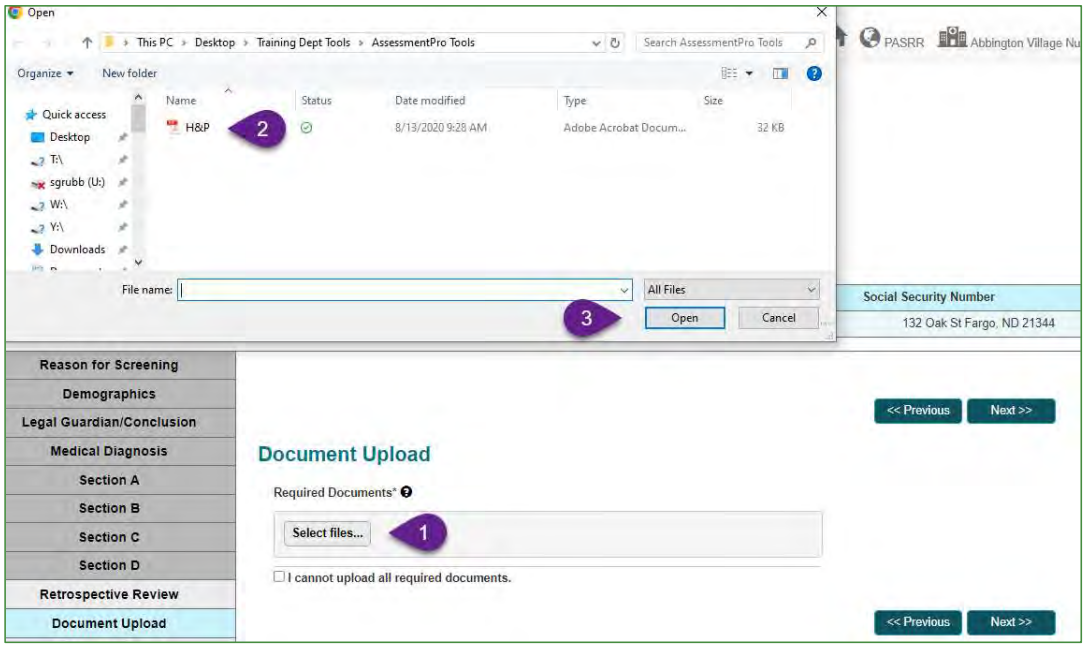
Describe how long these services are expected to be needed:*

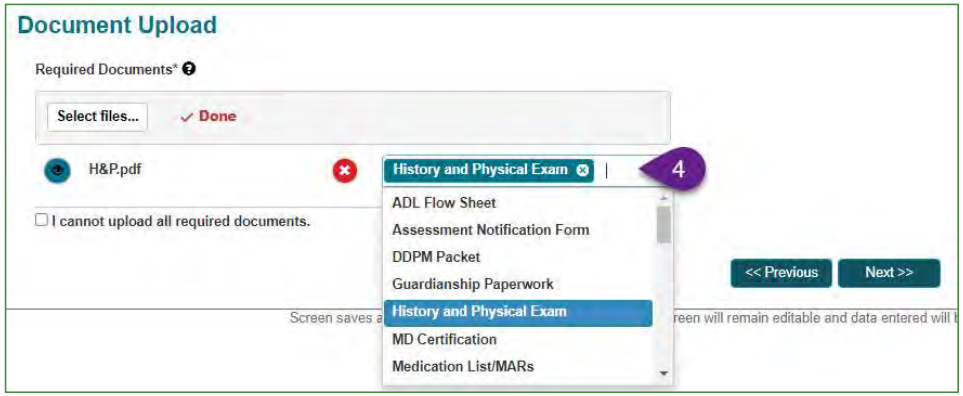
At least another couple of months.

maximus

A0

Document Uploads





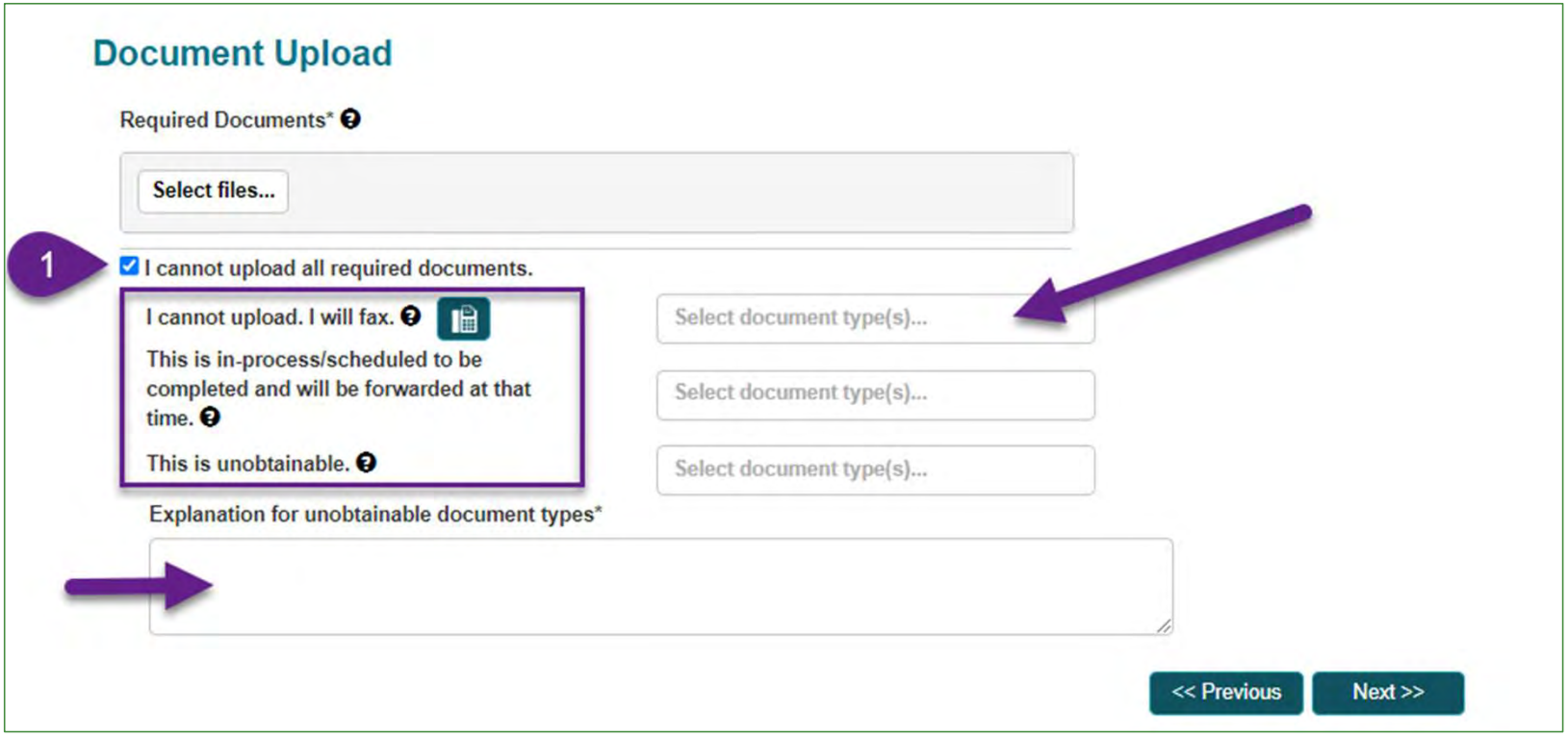
maximus

Slide 18

A0 Does this work or do you want to go through the fax option too?
Author, 2024-01-31T22:28:45.545

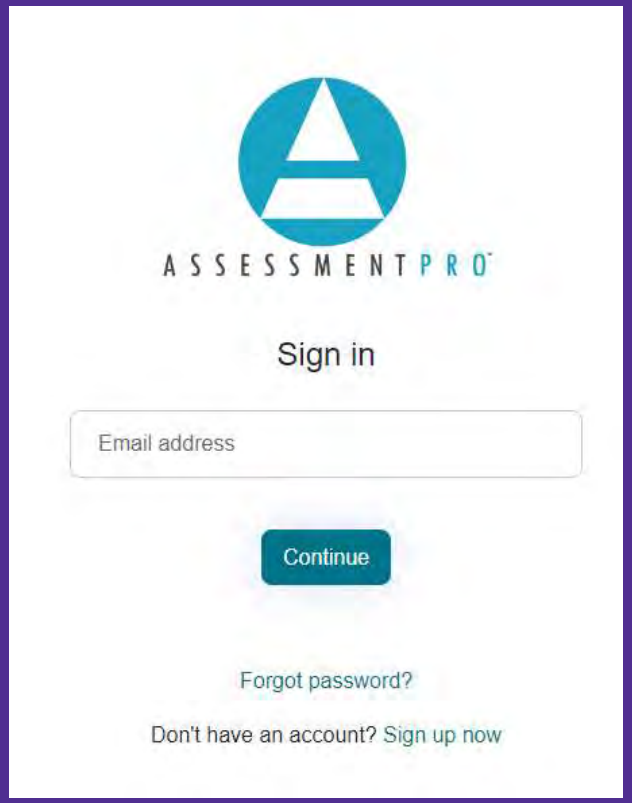
A0 0 If you could also add a slide after this that goes over what to do/select if they cannot upload all documents with a screenshot it would be great!
Author, 2024-01-31T22:33:46.998

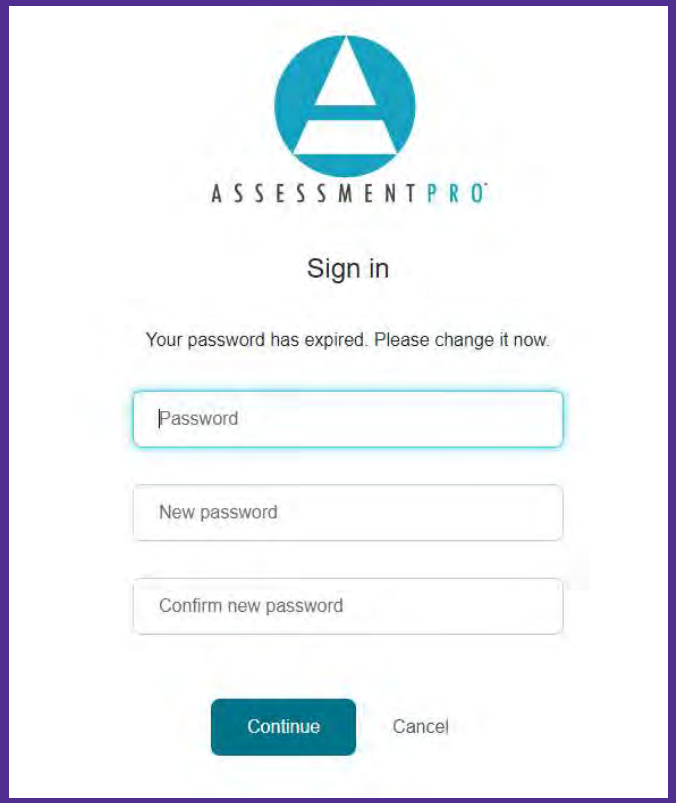
Unable to Upload Documentation

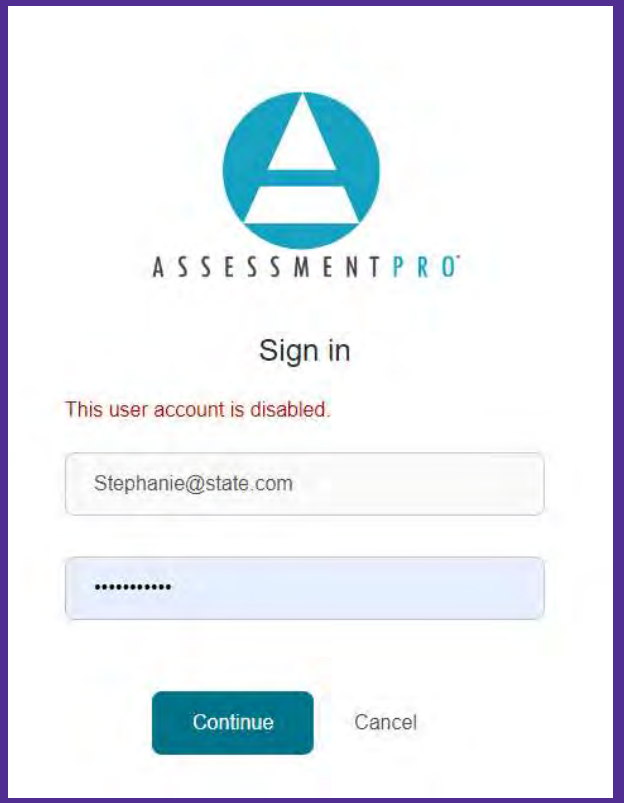


maximus

Expired Credentials

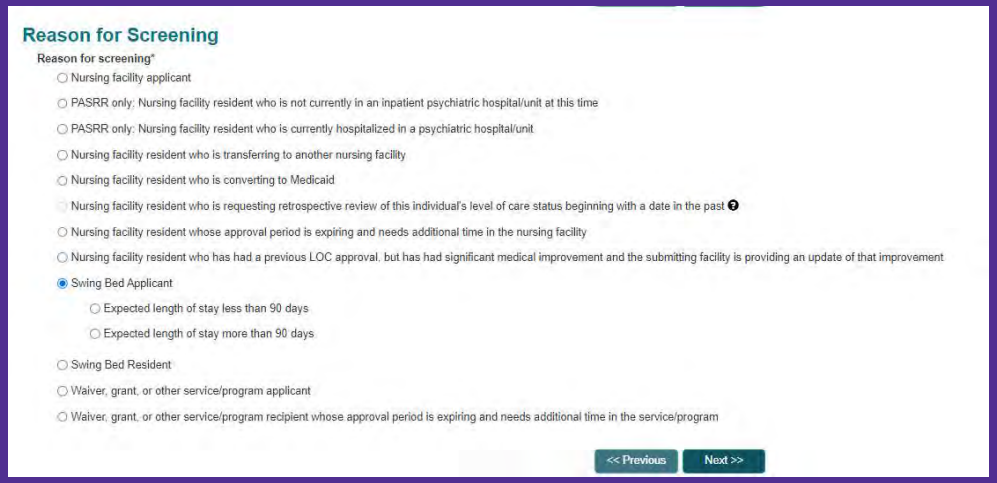


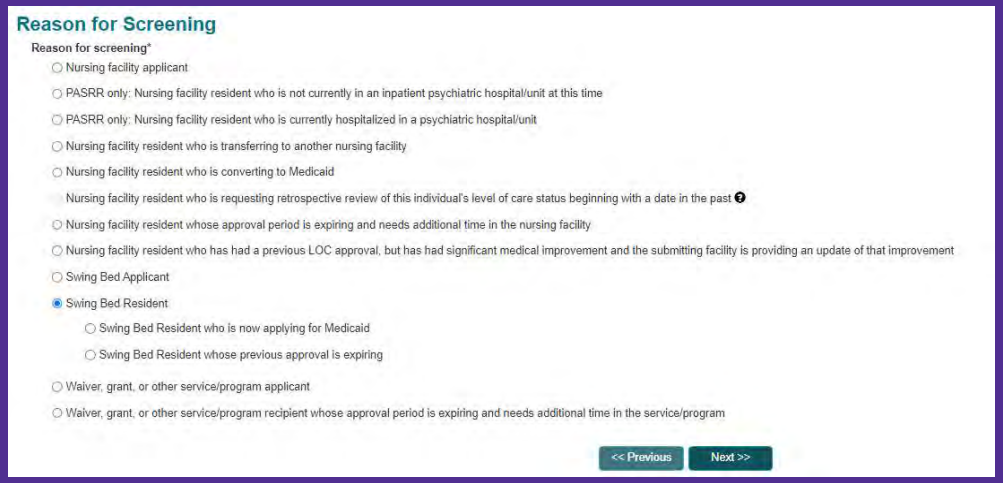




maximus

Swing Bed Level of Care





Watch for more information on updates to the Swing Bed process – coming soon!

Resources: Maximus ND PASRR Resource Page

North Dakota Resource Page

- Access through AssessmentPro by clicking on your name in AssessmentPro and selecting the Resources link.
- This will lead you to all the published resources for North Dakota PASRR, including:
  - Training Checklist
  - AssessmentPro FAQ
  - ND Provider Manual
  - Previous Webinars

maximus